

Chief Medical Officer/ Civil Surgeon/
Medical Superintendent Government Health
Care Institution with Seal

Letter of Undertaking for Using Own Scribe

I _____ a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the center) in the District. _____, _____ (name of the State). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of Scribe / reader/ lab assistant for the undersigned for taking the aforesaid examination.

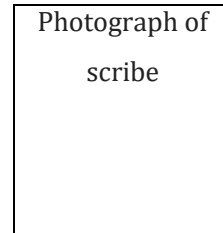
I do hereby undertake that his qualification is _____.

I further certify that the scribe whose photograph and particulars are mentioned below, is not COVID-19+ and a certificate to this effect from Competent Authority is enclosed to this letter.

Place:

Date:

(Signature of the candidate with Disability)



(Self-Attested Photograph)

Name of Scribe	ID of the Scribe	ID Number